





ANNUAL EMERGENCY GENERATOR INSPECTION/TEST REPORT

RETURN COMPLETED FORM TO:

MIAMI BEACH FIRE PREVENTION DIVISION 1701 MERIDIAN AVE.- SUITE 200 MIAMI BEACH, FL 33139

		TELEPHONE: 305-673-7123 FAX: 305-673-1085
	ATTENTION INSPECTOR	:
and/or tested by the required by the adopt inspected weekly and	building maintenance engineer or a li ed codes/standards at the time of install	d at the following address have been inspected censed electrical contractor for proper operation as ation. Emergency Power Supply Systems shall be or a minimum of 30 minutes, as required by NFPA
Please circle one:	OPERATIONAL	NOT OPERATIONAL (*)
NAME OF BUILDING):	
ADDRESS OF BUILDING:		
TYPE OF OCCUPANCY (SPECIFIC USE):		
NAME OF OWNER OR AGENT:		
ADDRESS OF OWN	ER OR AGENT:	
OWNER OR AGENT	TELEPHONE :	
NAME OF CONTRACTOR: (If used)		
ADDRESS OF CONTRACTOR		
CONTRACTOR TELEPHONE :		
PERSON PERFORMING TEST: (print)		
JOB TITLE:		
(*) LIST DEFICIENCIES AND REQUIRED CORRECTIONS:		
		em's inspections, test, exercising, operation and inspection by the authority having jurisdiction. (NFPA

SIGNATURE

DATE